



Specific coping behaviors in relation to adolescent depression and suicidal ideation

Adam G. Horwitz, Ryan M. Hill, Cheryl A. King*

University of Michigan, Department of Psychiatry, 4250 Plymouth Road, Ann Arbor, MI 48109-5765, USA

A B S T R A C T

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The coping strategies used by adolescents to deal with stress may have implications for the development of depression and suicidal ideation. This study examined coping categories and specific coping behaviors used by adolescents to assess the relation of coping to depression and suicidal ideation. In hierarchical regression models, the specific coping behaviors of behavioral disengagement and self-blame were predictive of higher levels of depression; depression and using emotional support were predictive of suicidal ideation. Results suggest that specific behaviors within the broad coping categories of emotion-focused coping (e.g., self-blame) and avoidant coping (e.g., behavioral disengagement) account for these categories' associations with depression and suicidal ideation. Specific problem-focused coping strategies did not independently predict lower levels of depression or suicidal ideation. It may be beneficial for interventions to focus on eliminating maladaptive coping behaviors in addition to introducing or enhancing positive coping behaviors.

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At any given point in time, approximately 4–6% of adolescents ages 13–17 are clinically depressed (Costello, Erkanli, & Angold, 2006). Furthermore, lifetime prevalence rates for depression have been estimated to be as high as 25% (Lewinsohn, Rohde, & Seely, 1998). Findings from the nationally representative Youth Risk Behavioral Survey indicate that 6.3% of high school students had attempted suicide once or more in the previous year and 13.8% had considered suicide over the same period (Centers for Disease Control and Prevention, 2010). Suicidal ideation, suicide attempts and depression significantly increase in adolescence, making it a crucial period for prevention efforts (Galaif, Sussman, Newcomb, & Locke, 2007).

Although stress exists at every stage of human development, adolescence can be especially stressful, due to the biological and social changes that accompany this developmental period (Arnett, 1999). There are considerable changes in the brain during adolescence, specifically in the hippocampus and pre-frontal cortex. Stress exposure during the development of these two structures may make adolescents especially susceptible to depression (Andersen & Teicher, 2008). In a study focused on suicidal ideation, Huff (1999) reported that the degree and recency of stress were significant predictors of suicidal ideation. Coping strategies are potentially important moderators and mediators in the bidirectional relation of psychosocial stress to depression and suicidal ideation (Seiffge-Krenke, 2004).

Coping has been defined by Lazarus (1993) as a process in which cognitive or behavioral efforts are made to manage specific internal and/or external sources of psychological stress. Research on coping among children and adolescents has lagged behind studies of coping in adults—in part due to the lack of consensus among researchers on the nature and

* Corresponding author. Tel.: +(734) 764 3169; fax: +(734) 615 8739.

E-mail addresses: ahor@umich.edu (A.G. Horwitz), ryhill@umich.edu (R.M. Hill), kingca@umich.edu (C.A. King).

categorization of coping in children and adolescents. Further research is critical, as the coping styles that emerge in adolescence have long-term consequences that influence coping styles and outcomes in adulthood (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001).

The most widely used categories of coping are problem-focused and emotion-focused coping (for a review, see Compas et al., 2001). Problem-focused coping is when an individual takes action to change the circumstances causing stress; emotion-focused coping is when an individual works to alter their own experience of negative emotion resulting from a stressful source. These categories are broad and sometimes confounded; a specific coping behavior may be both problem-focused and emotion-focused. For example, walking away from a fight may be used both to calm down (emotion-focused) and to change the setting of a conflict (problem-focused). Avoidant coping has also been examined as a coping category and refers to coping responses that are oriented away from the source of stress (e.g., withdrawal or denial; Compas et al., 2001). The breadth of these categories has led to individual research on many specific coping behaviors, including: problem solving, cognitive restructuring, catastrophizing, physical activities, self-criticism, humor, social withdrawal, resigned acceptance, alcohol or drug use, seeking social support, use of religion, etc. (Compas et al., 2001). The inconsistency in researchers' categorizations of these specific behaviors prevents accurate comparisons between studies.

There has been a great deal of research on the relation between coping and depression in adolescents. The use of emotion-focused coping has been linked with greater depressive symptoms (e.g., Elliott & Frude, 2001; Rafnsson, Jonsson, & Windle, 2006). Conversely, problem-focused coping has been found to be negatively associated with depression (e.g., Li, DiGiuseppe, & Froh, 2006) and hopelessness (e.g., Elliott & Frude, 2001). A study by Seiffge-Krenke and Klessinger (2000) found that the use of avoidant coping at one time point was linked with greater depressive symptoms even after two years. There has been little research on how coping relates to suicidal ideation in adolescents; however, studies conducted with adult populations indicate that the use of emotion-focused and avoidant coping are associated with higher levels of suicidal ideation (e.g., Edwards & Holden, 2001; Marusic & Goodwin, 2006; Pienaar, Rothmann, & Van De Vijver, 2007).

Despite research suggesting that the use of problem-focused coping is beneficial, and the use of emotion-focused and avoidant coping is harmful, there may be specific behaviors within these broad coping categories that are most pertinent to healthy functioning. Consistent with this view, rather than examining coping strictly in terms of these broad categories, the Brief COPE developed by Carver (1997) examines fourteen specific coping behaviors that are either theoretically or empirically grounded. The specific coping behaviors are distinguished by: 1) whether they are emotion-focused or problem-focused; 2) whether the behavior occurs in primary or secondary appraisal; and 3) whether the coping behavior is cognitive or behavioral (Carver, Scheier, & Weintraub, 1989).

The relation of several specific coping behaviors to depression and suicidal ideation has also been examined with adolescents and adults. Specific problem-focused strategies such as active coping (Gonzales, Tein, Sandler, & Friedman, 2001), help-seeking (Gould et al., 2004), and planning (Aldridge & Roesch, 2008) have been associated with positive outcomes. Behavioral disengagement, which involves giving up the attempt to deal with a situation, is a risk factor for and symptom of depression in adolescents (Kaminsky, Robertson, & Dewey, 2006; Wadsworth & Compas, 2002). Previous research has also implicated hopelessness, theoretically related to behavioral disengagement, as a predictor of suicide attempts in adolescents (Huth-Bocks, Kerr, Ivey, Kramer, & King, 2007; Terzi-Unsal & Kapci, 2005). Self-blame has been associated with depression in adolescents (Fear et al., 2009; Tilghman-Osborne, Cole, Felton, & Ciesla, 2008) and suicidal ideation in adults (Ullman & Najdowski, 2009). Denial has also been shown to relate to depressive symptoms in adults (Burker, Evon, Losielle, Finkel, & Mill, 2005; Kortte, Wegener, & Chwalisz, 2003). Apter et al. (1997) found that suicidal adolescents were more likely to use denial as an ego defense mechanism. Adolescents may use alcohol or drugs to regulate negative mood (Turner, Larimer, Sarason, & Trupin, 2005), and the use of either significantly increases the risk for suicidal ideation and attempts (King et al., 2001).

The present study seeks to enhance our understanding of the relation of specific coping behaviors to depression and suicidal ideation in adolescents. It improves upon previous research by addressing both the broad coping categories and the specific coping behaviors within these categories that may account for associations with depression and suicidal ideation. Furthermore, this study adds to the limited research on adolescent coping behaviors as they relate to suicidal ideation. This research may inform prevention and treatment programs that focus on teaching effective coping responses to stress.

It is hypothesized that the use of planning, active coping, and instrumental support will be negatively associated with depression and suicidal ideation, whereas behavioral disengagement, self-blame, denial, and substance use will be positively associated with depression and suicidal ideation. Consistent with previous studies (e.g., Baker & Berenbaum, 2007; Folkman & Lazarus, 1980), it is also hypothesized that females will use more emotion-focused coping than males and that males will use more problem-focused coping than females.

Method

Participants

Participants were 140 adolescents (83 females, 57 males), ages 13–17 years ($M = 15.47$, $SD = 1.42$), seeking pediatric emergency services at a midwestern university hospital emergency department (ED). Exclusion criteria included a life-threatening condition (level 1 trauma) or an inability to provide written informed consent (e.g., moderate to severe cognitive impairment). Over the six month recruitment period, 243 adolescents presented to the ED and were approached for

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